

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on October 1, 2004.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that electromyogram/nerve conduction velocity studies for date of service 02/03/04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity was the only issue involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 02/03/04 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21st day of January 2005.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

January 13, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-0432-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist

between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 56 year-old male patient injured his left shoulder and left elbow on ____ when he was lifting a 220-pound iron column with a co-worker. He has been treated with medications, therapy and a transcutaneous electrical neural stimulation unit.

Requested Service(s)

Electromyogram/nerve conduction velocity studies for date of service 02/03/04

Decision

It is determined that there is no medical necessity for the electromyogram/nerve conduction velocity studies for date of service 02/03/04 to treat this patient's medical condition.

Rationale/Basis for Decision

The rationale for an electromyogram/nerve conduction velocity study could include but is not limited to positive clinical signs and symptoms of neurological indications and/or complications, and other objective signs and symptoms that would naturally lead the practitioner to procure these additional electrodiagnostic studies. Medical record documentation does not indicate any objective rationale for the studies requested and is therefore not medically necessary to treat this patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-0432-01

Information Submitted by Requestor:

- Requestors Position
- Peer Review
- Diagnostic Tests

Information Submitted by Respondent:

- Respondents Position
- Designated Doctor Evaluation
- Impairment Rating
- Peer Review
- Claims
- Surveillance Compact Disc